

HISTORY FACILITY PROFILE

CARESOURCE HOME HEALTH
1624 EAST 4500 SOUTH
SALT LAKE CITY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 467117
PHONE NUMBER: (801) 266-7200
PARTICIPATION DATE: 05/28/1998

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 05/1998	PRIOR 2 SURVEY 05/1999	PRIOR 1 SURVEY 06/2000	CURRENT SURVEY 06/07/2001	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
			X C	07/16/2001	STD G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	1	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	0	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
10/09/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT